

# Recording Your Choices

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funerals

The following includes the information required by the Registrar-General of Births, Deaths & Marriages. Please complete fully to ensure your personal details are accurately recorded and your wishes followed. Should you require guidance on any of the following information, please contact us on 09 298 2957

## Required for Death Certificate

Choose status ☐ Mr ☐ Mrs ☐ Ms ☐ Dr

Your surname \_\_\_\_\_

First names \_\_\_\_\_

Current address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Birth date \_\_\_\_\_ Birth place \_\_\_\_\_

Ethnicity \_\_\_\_\_ Māori ☐ Yes ☐ No ☐ unsure

If not born in NZ, what was the date of your arrival to NZ \_\_\_\_\_

Profession / Occupation \_\_\_\_\_

Full name of Father \_\_\_\_\_ Occupation \_\_\_\_\_

Full maiden name of Mother \_\_\_\_\_ Occupation \_\_\_\_\_

Do you hold an award / honours ☐ Yes ☐ No ☐ title \_\_\_\_\_

## My Marriage / Civil Union Details

Tick one: ☐ Married ☐ Civil Union ☐ Divorced ☐ Defacto

☐ Widowed ☐ Separated ☐ Never Married

Most current marriage / civil union details \_\_\_\_\_ Age at the time \_\_\_\_\_

Spouse / partner's full name at birth \_\_\_\_\_

Place of marriage / civil union \_\_\_\_\_

Spouse / partner's birth date \_\_\_\_\_

Previous relationship details \_\_\_\_\_ Age at the time \_\_\_\_\_

Previous spouse / partner's full name at birth \_\_\_\_\_

Place of marriage / civil union \_\_\_\_\_

If living, spouse / partner's birth date \_\_\_\_\_

## My Family Details

If living, son's name(s) and birth date(s) \_\_\_\_\_

If living, daughter's name(s) and birth date(s) \_\_\_\_\_

Are you a justice of the peace ☐ Yes ☐ No Are you a marriage celebrant ☐ Yes ☐ No

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## Service Record

Service number \_\_\_\_\_ Service details \_\_\_\_\_

Which war \_\_\_\_\_

Rank \_\_\_\_\_ Unit / Regiment \_\_\_\_\_

## My Funeral Details

Name of kin / executor making the arrangements \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Solicitor/ person holding will \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Employer \_\_\_\_\_

Name of Doctor \_\_\_\_\_

Name of the Funeral Director \_\_\_\_\_

Is the funeral pre-arranged ☐ Yes ☐ No Is the funeral pre-paid ☐ Yes ☐ No

Preferred Priest / Clergy / Celebrant \_\_\_\_\_

Venue of service \_\_\_\_\_ Casket of choice (if known) \_\_\_\_\_

Tick one ☐ Burial ☐ Cremation

Preferred Cemetery/ Crematorium \_\_\_\_\_

Ashes placement ☐ Scatter ☐ Interment Preferred flowers \_\_\_\_\_

In lieu of flowers, donations to venue of service \_\_\_\_\_

Who would you like to speak/ do a reading \_\_\_\_\_

Special readings for the service (from the bible, verse, books) \_\_\_\_\_

Music preference for the service \_\_\_\_\_

Hymn or song choices for the service \_\_\_\_\_

Who would you like to be the pallbearers (optional) \_\_\_\_\_

Any special instructions \_\_\_\_\_

List names, addresses & phone numbers of friends, relatives, clubs, organisations etc. you would like contacted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For any questions you may have or if you'd like us to keep a copy of your choices on file, please contact us by phone or email below:**